

Substance Abuse in Brief Fact Sheet

Spring 2008, Volume 5, Issue 1

An Introduction to Mutual Support Groups for Alcohol and Drug Abuse

Mutual support (also called self-help) groups are an important part of recovery from substance use disorders (SUDs). Mutual support groups exist both for persons with an SUD and for their families or significant others and are one of the choices an individual has during the recovery process. This issue of *Substance Abuse in Brief Fact Sheet* will help healthcare and social service providers understand the effect of mutual support groups on recovery, become familiar with the different types of mutual support groups available, and make informed referrals to such groups.

Mutual Support Groups

Mutual support groups are nonprofessional groups comprising members who share the same problem and voluntarily support one another in the recovery from that problem.¹ Although mutual support groups do not provide formal treatment, they are one part of a recovery-oriented systems-of-care approach to substance abuse recovery. By providing social, emotional, and informational support for persons throughout the recovery process,¹ mutual support groups help individuals take responsibility for their alcohol and drug problems and for their sustained health, wellness, and recovery. The most widely available mutual support groups are 12-Step groups, such as Alcoholics Anonymous (AA), but other mutual support groups such as Women for Sobriety (WFS), SMART Recovery® (Self-Management and Recovery Training), and Secular Organizations for Sobriety/Save Our Selves (SOS) are also available.

12-Step Groups

Twelve-Step groups emphasize abstinence and have 12 core developmental “steps” to recovering from dependence.² Other elements of 12-Step groups include taking responsibility for recovery, sharing personal narratives, helping others, and recognizing and incorporating into daily life the existence of a higher power. Participants often maintain a close relationship with a sponsor, an experienced member with long-term abstinence, and lifetime participation is expected.^{2,3}

AA is the oldest and best known 12-Step mutual support group. There are more than 100,000 AA groups worldwide and nearly 2 million members.² The AA model has been adapted for people with dependence on drugs and for their family members. Some groups, such as Narcotics Anonymous (NA) and Chemically Dependent Anonymous, focus on any type of drug use. Other groups, such as Cocaine Anonymous and Crystal Meth Anonymous, focus on abuse of specific drugs. Groups for persons with co-occurring substance use and mental disorders also exist (e.g., Double Trouble in Recovery; Dual Recovery Anonymous). Other 12-Step groups—Families Anonymous, Al-Anon/Alateen, Nar-Anon, and Co-Anon—provide support to significant others, families, and friends of persons with SUDs.

Twelve-Step meetings are held in locations such as churches and public buildings. Metropolitan areas usually have specialized groups, based on such member characteristics as gender, length of time in recovery, age, sexual orientation, profession, ethnicity, and language spoken.⁴ Attendance and membership are free, although people usually give a small donation when they attend a meeting.²



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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For People Who Have a Substance Use Disorder

Alcoholics Anonymous: <http://www.alcoholics-anonymous.org>

Chemically Dependent Anonymous: <http://www.cdaweb.org>

Cocaine Anonymous: <http://www.ca.org>

Crystal Meth Anonymous: <http://www.crystallmeth.org>

Heroin Anonymous: <http://www.heroin-anonymous.org>

LifeRing Secular Recovery: <http://www.unhooked.com>

Marijuana Anonymous: <http://www.marijuana-anonymous.org>

Methadone Anonymous: <http://www.methadone-anonymous.org>

Narcotics Anonymous: <http://www.na.org>

Secular Organizations for Sobriety/Save Our Selves: <http://www.sossobriety.org>

SMART Recovery: <http://www.smartrecovery.org>

Women for Sobriety: <http://www.womenforsobriety.org>

For People With Co-Occurring Disorders

Double Trouble in Recovery: <http://www.doubletroubleinrecovery.org>

Dual Recovery Anonymous: <http://www.dualrecovery.org>

For Families, Friends, and Significant Others

Al-Anon/Alateen: <http://www.al-anon.alateen.org>

Co-Anon: <http://www.co-anon.org>

Families Anonymous: <http://www.familiesanonymous.org>

Nar-Anon: <http://nar-anon.org>

Meetings can be “open” or “closed”—that is, anyone can attend an open meeting, but attendance at closed meetings is limited to people who want to stop drinking or using drugs.^{2,3} Although meeting formats vary somewhat, most 12-Step meetings have an opening and a closing that are the same at every meeting, such as a 12-Step reading or prayer. The main part of the meeting usually consists of (1) members sharing their stories of dependence, its effect on their lives, and what they are doing to stay abstinent,^{1,2,5} (2) the study of a particular step or other doctrine of the group, or (3) a guest speaker.⁵

Twelve-Step groups are not necessarily for everyone. Some people are uncomfortable with the spiritual emphasis and prefer a more secular approach.^{1,6,7} Others may not agree with the 12-Step philosophy that addiction is a chronic disease, thinking that this belief can be a self-fulfilling prophecy that weakens the ability to remain abstinent.^{1,7} Still others may prefer gender-specific groups.^{7,8}

Mutual support groups that are not based on the 12-Step model typically do not advocate sponsors or lifetime membership. These support groups offer an alternative to traditional 12-Step groups, but the availability of in-person meetings is more limited than that of 12-Step programs (see individual group descriptions below). However, many offer literature, discussion boards, and online meetings.

Women for Sobriety

WFS is the first national self-help group solely for women wishing to stop using alcohol and drugs. The program is based on Thirteen Statements that encourage emotional and spiritual growth, with abstinence as the only acceptable goal.^{1,8,9} Although daily meditation is encouraged, WFS does not otherwise emphasize God or a higher power.^{1,9} The nearly 300 meetings held weekly are led by experienced, abstinent WFS members and follow a structured format, which includes reading the Thirteen Statements, an introduction of members, and a moderated discussion.

SMART Recovery

SMART Recovery helps individuals become free from dependence on any substance. Dependence is viewed as a learned behavior that can be modified using cognitive-behavioral approaches. Its four principles are to (1) enhance and maintain motivation to abstain, (2) cope with urges,

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(3) manage thoughts, feelings, and behaviors, and (4) balance momentary and enduring satisfactions. At the approximately 300 weekly group meetings held worldwide, attendees discuss personal experiences and real-world applications of these SMART Recovery principles. SMART Recovery has online meetings and a message board discussion group on its Web site.¹⁰

Secular Organization for Sobriety/Save Our Selves

SOS considers recovery from alcohol and drugs an individual responsibility separate from spirituality and emphasizes a cognitive approach to maintaining lifelong abstinence.^{1,11} Meetings typically begin with a reading of the SOS Guidelines for Sobriety and introductions, followed by an open discussion of a topic deemed appropriate by the members.¹² However, because each of the approximately 500 SOS groups is autonomous,¹³ the meeting format may differ from group to group. SOS also has online support groups, such as the SOS International E-Support Group (<http://health.groups.yahoo.com/group/sossaveourselves>) and the SOS Women E-Support Group (<http://groups.yahoo.com/group/SOSWomen>).¹³

LifeRing Secular Recovery

Originally part of SOS, LifeRing is now a separate organization for people who want to stop using alcohol and drugs. The principles of LifeRing are sobriety, secularity, and self-help. LifeRing encourages participants to develop a unique path to abstinence according to their needs and to use the group meetings to facilitate their personal recovery plan.¹⁴ LifeRing meetings are relatively unstructured; attendees discuss what has happened to them in the past week, but some meetings focus on helping members create a personal recovery plan. Although there are fewer than 100 meetings worldwide, LifeRing has a chat room, e-mail lists, and an online forum that provide additional support to its members.¹⁴

The Effectiveness of Mutual Support Groups

Research on mutual support groups indicates that active participation in any type of mutual support group significantly increases the likelihood of maintaining abstinence.⁶ Previous research has shown that participating in 12-Step^{1,15,16,17,18} or other mutual support groups^{15,19,20,21} is related to abstinence from alcohol and drug use. An important finding is that these abstinence rates increase with greater group participation.^{15,22,23} Persons who attend mutual support groups have also been found to have lower levels of alcohol- and drug-related problems.^{21,24}

Another benefit of mutual support group participation is that “helping helps the helper.” Helping others by sharing experiences and providing support increases involvement in 12-Step groups, which in turn increases abstinence^{18,25} and lowers binge drinking rates among those who have not achieved abstinence.¹⁸

Facilitating Mutual Support Group Participation

If a healthcare or social service provider suspects that a patient or client has an SUD, the provider should ensure that the client receives formal treatment. Once the client receives formal treatment—or if he or she refuses or cannot afford treatment—the provider’s next step is to facilitate involvement in a mutual

More Online Resources

Faces and Voices of Recovery:
http://www.facesandvoicesofrecovery.org/resources/support_home.php
Mutual Support Groups: What Everyone Needs to Know (webcast):
<http://ncadistore.samhsa.gov/catalog/mediaDetails.aspx?ID=266>
Recovery Community Services Program:
<http://www.rcsp.samhsa.gov>
Self-Help Group Sourcebook Online:
<http://mentalhelp.net/selfhelp>

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support group. Matching clients to treatment based solely on gender, motivation, cognitive impairment, or other such characteristics has not been proved to be effective.^{26,27} Clients who are “philosophically well matched” to a mutual support group are more likely to actively participate in that group.⁶ Thus, the best way to help a client benefit from mutual support groups is to encourage increased participation in his or her chosen group.

Providers can increase their knowledge of mutual support groups, and thus their ability to make informed referrals, by doing the following:

- Become familiar with the different types of support groups and their philosophies.²⁸ Most groups’ Web sites describe their philosophies and have online publications (see list of mutual support group Web sites on page 2).
- Determine which groups are active locally. Most groups’ Web sites have meeting locator services.
- Find out about the different types of meetings available within local mutual support groups (e.g., which meetings are for women only).^{1,29}
- Establish contacts in local mutual support groups. AA and NA in particular have committees whose members work with healthcare and social service providers to get clients to meetings and to provide information to providers.²⁸
- Attend open meetings to expand knowledge of mutual support groups and how local meetings are conducted.¹

Understanding the needs and beliefs of clients with SUDs helps providers make informed referrals.¹ Providers should find out clients’ experiences with mutual support groups, their concerns and misconceptions about mutual support groups, and their personal beliefs. Persons who agree with the group’s belief system are more likely to participate and, thus, more likely to have better outcomes.⁶ For example, having strong religious beliefs is related to greater participation in the spiritually based 12-Step programs and WFS. In contrast, religiosity was less effective in increasing participation in SMART Recovery groups and decreased participation in SOS.⁶ Whether the client is participating in medication-assisted treatment (MAT) is another consideration when making a referral to a mutual support group, because some groups may be more supportive of MAT than others. For example, individuals being treated with methadone for opioid dependence may be more comfortable attending a meeting of Methadone Anonymous, whose members understand the benefits of opioid pharmacotherapy.

To improve the client’s chances of attending a meeting, providers can:

- Present more than one choice when making referrals and encourage clients to attend several meetings before making any judgments about the groups.²⁹ Clients should be encouraged to attend different groups until they find one in which they are comfortable.¹
- Initiate the first conversation between a client and a support group contact person. Having a mutual support group member speak to a client by phone during the office visit may increase the likelihood that the client will attend the support group meeting.^{1,28}
- Refer family members or others who may be affected by the client’s substance use. Their involvement may encourage participation by providing social support (see list of mutual support group Web sites for families, friends, and significant others on page 2).

Once clients are attending a group they are comfortable with, the provider should actively encourage the clients’ support group experiences by scheduling followup visits to talk about their experiences and providing positive feedback. Clients should be asked about details—how many meetings are they

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attending, do they have a sponsor, are they abstinent.²⁸ Gentle, positive encouragement will likely increase participation. Providers should watch for signs of an impending relapse, such as a reluctance to discuss group participation or periods of extreme stress.⁴ By offering knowledgeable advice and informed referrals and taking an ongoing, active interest in clients' support group experiences, providers can make a difference in their clients' recovery.

Notes

- ¹Humphreys, K. (2004). *Circles of recovery: Self-help organizations for addictions*. London: Cambridge University Press.
- ²Alcoholics Anonymous World Services. (n.d.). Alcoholics Anonymous World Services Web site. Retrieved November 16, 2007, from <http://www.aa.org>
- ³Narcotics Anonymous World Services. (n.d.). Narcotics Anonymous World Services Web site. Retrieved November 16, 2007, from <http://www.na.org>
- ⁴Schulz, J. E. (2003). Twelve Step programs and other recovery-oriented interventions. In A. W. Graham, T. K. Schultz, M. F. Mayo-Smith, R. K. Ries, & B. B. Wilford (Eds.), *Principles of addiction medicine*, Third Edition (pp. 941–954). Chevy Chase, MD: American Society of Addiction Medicine, Inc.
- ⁵Garrett, F. (n.d.). *Your first AA meeting: An unofficial guide for the perplexed*. Retrieved November 16, 2007, from http://www.bma-wellness.com/papers/First_AA_Meeting.html
- ⁶Atkins, R. G., & Hawdon, J. E. (2007). Religiosity and participation in mutual-aid support groups for addiction. *Journal of Substance Abuse Treatment*, 33(3), 321–331.
- ⁷Kitchin, H. A. (2002). Alcoholics Anonymous discourse and members' resistance in a virtual community: Exploring tensions between theory and practice. *Contemporary Drug Problems*, 29, 749–778.
- ⁸Kaskutas, L. A. (1994). What do women get out of self-help? Their reasons for attending Women for Sobriety and Alcoholics Anonymous. *Journal of Substance Abuse Treatment*, 11(3), 185–195.
- ⁹Women for Sobriety. (n.d.). Women for Sobriety Web site. Retrieved November 16, 2007, from <http://www.womenforsobriety.org>
- ¹⁰SMART Recovery. (n.d.). *Frequently asked questions about SMART Recovery®*. Retrieved November 16, 2007, from <http://www.smartrecovery.org/resources/faq.htm>
- ¹¹Secular Organizations for Sobriety/Save Our Selves. (2000). *An overview of SOS: A self-empowerment approach to recovery*. Hollywood, CA: Author.
- ¹²Secular Organizations for Sobriety/Save Our Selves. (2000). *SOS guidebook for group leaders*. Hollywood, CA: Author.
- ¹³Secular Organizations for Sobriety/Save Our Selves. (n.d.). Secular Organizations for Sobriety/Save Our Selves Web site. Retrieved November 28, 2007, from <http://www.sossobriety.org>
- ¹⁴LifeRing. (n.d.). *Welcome to LifeRing: LifeRing in a nutshell*. Oakland, CA: LifeRing Service Center.
- ¹⁵Kelly, J. F., Stout, R., Zywiak, W., & Schneider, R. (2006). A 3-year study of addiction mutual-help group participation following intensive outpatient treatment. *Alcoholism: Clinical and Experimental Research*, 30(8), 1381–1392.
- ¹⁶Laudet, A. B., Cleland, C. M., Magura, S., Vogel, H. S., & Knight, E. L. (2004). Social support mediates the effects of dual-focus mutual aid groups on abstinence from substance use. *American Journal of Community Psychology*, 34(3/4), 175–185.
- ¹⁷Witbrodt, J., & Kaskutas, L. A. (2005). Does diagnosis matter? Differential effects of 12-Step participation and social networks on abstinence. *American Journal of Drug and Alcohol Abuse*, 31(4), 685–707.
- ¹⁸Zemore, S. E., Kaskutas, L. A., & Ammon, L. N. (2004). In 12-Step groups, helping helps the helper. *Addiction*, 99(8), 1015–1023.
- ¹⁹Connors, G. J., & Dermen, K. H. (1996). Characteristics of participants in secular organizations for sobriety (SOS). *American Journal of Drug and Alcohol Abuse*, 22(2), 281–295.
- ²⁰Kaskutas, L. A. (1996). A road less traveled: Choosing the “Women for Sobriety” program. *Journal of Drug Issues*, 26(1), 77–94.
- ²¹Humphreys, K., & Moos, R. H. (2007). Encouraging posttreatment self-help group involvement to reduce demand for continuing care services: Two-year clinical and utilization outcomes. *Alcoholism: Clinical and Experimental Research*, 31(1), 64–68.

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²²Galanter, M., Egelko, S., & Edwards, H. (1993). Rational Recovery: Alternative to AA for addiction? *American Journal of Drug and Alcohol Abuse*, 19(4), 499–510.

²³Tonigan, J. S., Miller, W. R., & Connors, G. J. (2000). Project MATCH client impressions about Alcoholics Anonymous: Measurement issues and relationship to treatment outcome. *Alcoholism Treatment Quarterly*, 18, 25–41.

²⁴McKellar, J., Stewart, E., & Humphreys, K. (2003). Alcoholics Anonymous involvement and positive alcohol-related outcomes: Cause, consequence, or just a correlate? A prospective 2-year study of 2,319 alcohol-dependent men. *Journal of Consulting and Clinical Psychology*, 71, 302–308.

²⁵Pagano, M. E., Friend, K. B., Tonigan, J. S., & Stout, R. L. (2004). Helping other alcoholics in Alcoholics Anonymous and drinking outcomes: Findings from Project MATCH. *Journal of Studies on Alcohol and Drugs*, 65(6), 766–773.

²⁶Magura, S. (2007). The relationship between substance user treatment and 12-Step fellowships: Current knowledge and research questions. *Substance Use & Misuse*, 42, 343–360.

²⁷Project MATCH Research Group. (1996). Project MATCH secondary a priori hypotheses. *Addiction*, 92(12), 1671–1698.

²⁸Chappel, J. N., & DuPont, R. L. (1999). Twelve-step and mutual-help programs for addictive disorders. *Psychiatric Clinics of North America*, 22(2), 425–446.

²⁹Laudet, A. B. (2003). Attitudes and beliefs about 12-Step groups among addiction treatment clients and clinicians: Toward identifying obstacles to participation. *Substance Use & Misuse*, 38(14), 2017–2047.

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Substance Abuse in Brief Fact Sheet is produced under contract number 270-04-7049 by JBS International, Inc., and The CDM Group, Inc., for the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS).

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Recommended Citation: Center for Substance Abuse Treatment. (2008). An Introduction to Mutual Support Groups for Alcohol and Drug Abuse. *Substance Abuse in Brief Fact Sheet*, Volume 5, Issue 1. Rockville, MD: Substance Abuse and Mental Health Services Administration.

DHHS Publication No. (SMA) 08-4336
Printed 2008

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